Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0360012	VALLEY REGIONAL HIGH SCHOOL				NTNC	565	L	GW
Local Address (where applicable)		Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
256 KELSEY HILL	ROAD	Connections	1					

Towns Served: DEEP RIVER			
Monitoring F	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060	0)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		
	1/1/20 - 12/31/28		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Lead And Copper (PBCU)		5 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	1/1/18 - 12/31/20	6/1-9/30	
	1/1/21 - 12/31/23	6/1-9/30	
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Endrin (2005)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	Collection Period	Compliance Status
ENTRY POINT (3)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
Dieldrin (2070)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Nitrate And Nitrite (NOX)			outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)			(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0360012	VALLEY REGIONAL HIGH SCHOOL				NTNC	565	L	GW
Local Address (where applicable)		Service	Residen	itial	Commercia	al Industri	al Combine	ed Agricultural
256 KELSEY HILL	ROAD	Connections	1					

Towns Served: DEEP RIVER

Monitoring Requirements									
Water System Facility: ENTRY POINT (WSF ID: 00700)									
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1 routine	(RT) per three years						
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>						
ENTRY POINT (3)	1/1/17 - 12/31/19								
	1/1/20 - 12/31/22								
Organic Chemicals (VOCS)		1 routine	(RT) per three years						
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>						
ENTRY POINT (3)	1/1/16 - 12/31/18		Complete						
	1/1/19 - 12/31/21								
	1/1/22 - 12/31/24								

# Other Compliance Schedules Compliance Schedule Activity Due Date Achieved Date CROSS CONNECTION SURVEY REPORT 3/1/2020

	Water System Facility and Sampling Point Inventory									
Water					Total	Lead and				
System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Chartura	Coliform Rule	Copper Rule Tier	Asbestos	Stage WQP 2 DBPR		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	<u>Status</u> A	Y	71070 7707	7.000000			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α						
		UPSTREAM	WITHIN 5 SERVICE CON	Α						
		VR001	KITCHEN COOK SINK	Α	Υ	2	Υ			
		VR002	LAVATORY SINK 100	1	Υ	2				
		VR003	LAVATORY SINK OFFICE	1	Υ	2				
		VR004	LAVATORY SINK 400	I	Υ	2				
		VR005	LAVATORY SINK FAC	I	Υ	2				
		VR006	LAVATORY SINK 500	1	Υ	2				
		VR007	TECH ED	Α	Υ	2				
		VR008	FACULTY LOUNGE	Α	Υ	2				
		VR009	CHORUS ROOM	Α	Υ	2				
		VR010	HOME EC E	Α	Υ	2				
		VR011	HOME EC W	Α	Υ	2				
		VR012	OFFICE COFFEE SINK	Α	Υ	2	Υ			
00700	ENTRY POINT	3	ENTRY POINT	Α						
10176	WELL 1	2	WELL 1	Α						
51753	WELL 2	2	WELL 2	Α						
51757	ATMOSPHERIC TANK									
51759	PRESSURE TANK									
51761	PUMP STATION									

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connecticut Department of Fublic Health Drinking Water Section								
Water Quality Monitoring and Compliance Schedule									
PWS ID PWS Name			Cla	Classification Populatio		Owner Type	Prin	nary Source	
CT0360012	VALLEY REGIONAL HIGH SCHOOL				NTNC	565	L		GW
Local Address (where applicable)		Service	Residen	itial	Commerci	al Industri	al Combine	ed	Agricultural
256 KELSEY HII	56 KELSEY HILL ROAD		1						

**Certified Operator Information** 

Connecticut Department of Public Health Drinking Water Section

Towns Served: DEEP RIVER

Water System Fac	cility: DISTR	IBUTION SY	'STEM (\	<b>NSF ID: 00600)</b>					
Facility Classification	n: SMALL WA	ATER SYSTEM							Certification
Operator Name	rator Name Operator Type Certification(s)						Expiration		
RADICCHI, PAUL J.			CHIEF OP	ERATOR	DR DISTRIBUTION SYSTEM OPERATOR - CLASS III				
					WATER TREATMEN	T PLANT	OPERATOR - CLA	SS II	12/31/2020
				Contact Inf	ormation				
Name				Organization	Organization Job Tit				
Mr. Bruce Glowac				Regional Sch	onal School District #4 Director of Faciliti				
Mailing Address Lin	e One		Mailing A	ddress Line Two			City	State	Zip Code
1 Winthrop Road			P.O. Box	187		Deep Riv	ver	СТ	06417
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address			
860-526-2417		860-526-3	8631		860-767-0650	BRUCEGLOWAC@AOL.COM			

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

Contact Role(s): Administrative Contact, Legal Contact, Owner

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0360022	JOHN WINTHROP JUNIOR HIGH SCHOOL				NTNC	400	L	GW
Local Address (where applicable)		Service	Residen	itial	Commercia	al Industri	al Combine	ed Agricultural
1 WINTHROP RO	DAD	Connections	1					

Towns Served: DEEP RIVER			
Monitorin	g Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00	0600)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		
	1/1/20 - 12/31/28		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Lead And Copper (PBCU)		5 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	1/1/18 - 12/31/20	6/1-9/30	
	1/1/21 - 12/31/23	6/1-9/30	
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Organic Chemicals (VOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/16 - 12/31/18		Complete
	1/1/19 - 12/31/21		
	1/1/22 - 12/31/24		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

# Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID PWS Name CI						Population	Owner Type	Primary Source
СТ0360022	JOHN WINTHROP JUNIOR HIGH SCHOOL		NTNC	400	L	GW		
Local Address (v	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural	
1 WINTHROP RO	Connections	1						

Towns Served: DEEP RIVER

Other (	Compl	liance S	Sched	ules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2020	

	Water System Facility and Sampling Point Inventory													
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR						
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ									
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α										
		JW001	KITCHEN SINK 712	Α	Υ	2	Υ							
		JW002	LAVATORY SINK 700	Α	Υ	2								
		JW003	LAVATORY SINK 200	Α	Υ	2								
		JW004	LAVATORY SINK 122	Α	Υ	2								
		JW005	LAVATORY SINK 100	Α	Υ	2								
		JW006	WELL HEAD	Α		2								
		JW007	OFFICE SINK	Α	Υ	2								
		JW008	FACULTY WORK ROOM	Α	Υ	2								
		JW009	HOME EC ROOM	Α	Υ	2								
		JW010	PROJECT LEARN ROOM	Α	Υ	2								
		JW011	FACULTY LOUNGE	Α	Υ	2								
		JW012	TEAM ROOM	Α	Υ	2								
		JW013	ADMIN BLDG KITCHEN	Α	Υ	2								
		UPSTREAM	WITHIN 5 SERVICE CON	Α										
00700	ENTRY POINT	3	ENTRY POINT	Α										
10177	WELL 1	2	WELL 1	Α										
51815	WELL 2	2	WELL 2	Α										
51819	ATMOSPHERIC TANK													
51821	PRESSURE TANK													
51823	PUMP STATION													

## **Certified Operator Information**

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Facility Classification: SMALL WA	TER SYSTEM		Certification
Operator Name	Operator Type	Certification(s)	Expiration
RADICCHI, PAUL J.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS III	6/30/2021
		WATER TREATMENT PLANT OPERATOR - CLASS II	12/31/2020

Contact Information												
Name			Organization	1		Job Title						
Mr. Bruce Glowac				Regional Sch	ool District #4		Director of Faci	liti				
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code			
1 Winthrop Road P.O. Box 187					Deep Riv	/er	СТ	06417				
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ac	ddress					

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

(	Connecticut Department of Public Health Drinking Water Section													
Water Quality Monitoring and Compliance Schedule														
PWS ID		Cla	ssification	Population	Owner Type	Primary Source								
CT0360022 JOHN WINTHROP JUNIOR HIGH SCHOOL							NTNC	400	L	GW				
Local Address (w	here applicable)			Service	Resident		Commerci	al Industri	al Combin	ed Agricultural				
1 WINTHROP RO	AD			Connections	1									
Towns Served: D	EEP RIVER													
860-526-2417 860-526-3631 860-767-0650 BRUCEGLOWAC@AOL.COM														
Contact Role(s):	Contact Role(s): Administrative Contact, Legal Contact, Owner													

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name		Clas	ssification	Population	Owner Type	Primary Source					
CT0363011	MOUNT SAINT JOHN SCHOOL			NTNC	40	Р	GW					
Local Address (v	Residen	tial	Commercia	al Industria	al Combine	ed Agricultural						

Connections

1

Monitoring Re	equirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)			
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	1/1/13 - 12/31/21		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Lead And Copper (PBCU)		5 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	1/1/17 - 12/31/19	6/1-9/30	
	1/1/20 - 12/31/22	6/1-9/30	
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Organic Chemicals (VOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/20		
	1/1/21 - 12/31/23		
Monthly Water System Facility (WS	F) Level Monitorii	ng Requiremen	ts

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Conne	cticut Dep	artment of	Public I	Health	Dr	inki	ng V	Vater	Se	ction	
		Water Ou	ality Monit	oring an	d Con	ıpl	iance	e Scl	nedul	e		
PWS ID	PWS Nam		<del>-</del>	- 0 -						_	ner Type F	Primary Source
CT0363011		AINT JOHN SCHO	OOL				NTNC		40		P	GW
Local Address (	where appli	cable)		Service	Residen	tial	Comme	ercial	Industri	al	Combined	l Agricultural
,		•		Connections	1							
Towns Served:	DEEP RIVER											<u> </u>
Water System	n Facility: I	ENTRY POINT (	WSFID: 00700)									
Analyte		Monitoring Req	uirement (Summ	ary Type)	Ope	ratin	ng Limit				Samples F	Req/Month
pН		Entry Point pH I	Monitoring (PHRD	))	Min	imun	n: 7.0 P	Н				4
Start Date:	9/1/2008			Compli	ance Histo	ory:		Opera	ting Lim	it	Monito	ring
				Monito	ring Perio	d		-	liance St		: Compli	ance Status:
				11/1/20	018 - 11/3	0/20	18					N
				12/1/20	018 - 12/3	1/20	18					N
				1/1/20:	19 - 1/31/2	2019						N
					19 - 2/28/2							N
					19 - 3/31/2							
				4/1/20:	19 - 4/30/2	2019						
			Other C	ompliance	e Sched	lule	S					
Compliance Sc	hedule Activ	vity				Due	Date		Achie	ved	Date	
SUBMIT LEAD	CONSUMER	NOTICE CERTIFIC	ATE		1	2/29	/2013					
SUBMIT LEAD	CONSUMER	NOTICE CERTIFIC	ATE		1	2/29	/2016					
CROSS CONNE	CTION SURV	EY REPORT			:	3/1/2	2019					
		Water	System Facili	ity and Sa	mpling	Po	int In	vent	ory			
Water								Total				
	ter System F	acility	Sampling Point		int			Colifor				Stage
Facility ID			ID	Description			Status	Rule	Ruie	Her	Aspestos	WQP 2 DBPR
00600 DIST	TRIBUTION S	SYSTEM	4	DISTRIBUTIO			A	Υ				
			DOWNSTREAM				A					
			UPSTREAM	WITHIN 5 SE		V	Α					
	RY POINT		3	ENTRY POIN	Γ		Α					
	EL HYDROPN RAGE	IEUMATIC										
580 MO HOU	UNT SAINT J JSE	OHN PUMP										
746 WEI	LL 1		2	WELL 1			Α					
			Certified	Operator	Inform	ati	on					
Water System	n Facility:	MOUNT SAINT	JOHN PUMP HO	<u> </u>								
Facility Classifi	ication: CLA	SS 1 TREATMENT	PLANT									Certification
Operator Nam	е		Operator Typ	e C	ertificatio	n(s)						Expiration
SIMA, III, JOHN	l F.		CHIEF OPERATO		ISTRIBUTI		SYSTEM	OPERA	TOR - CI	ASS	1	6/30/2020
				٧	VATER TRE	ATN	1ENT PL	ANT O	PERATO	R - CI	ASS II	9/30/2020
			Con	tact Infor	mation							
Name				rganization							Job Title	
Mount Saint Jo	ohn School											

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

City

Dee River

Emergency Phone Email Address

State

CT

Zip Code

06417

Mailing Address Line Two

**Mobile Phone** 

Mailing Address Line One

Extension

Fax

135 Kirtland Street

**Business Phone** 

	Connectic	ut Depa	rtmei	nt of	Public I	Health	Drin	king '	Water S	Section	
	Wa	ter Qua	lity M	onit	oring an	d Com	plia	nce So	chedule	!	
PWS ID	PWS Name					(	Classification   Population (			Owner Type Primary Sour	
CT0363011	MOUNT SAINT J	OHN SCHOO	L				NTI	NC	40	Р	GW
Local Address (w	here applicable)				Service	Residenti	ial Co	mmercial	Industrial	Combine	ed Agricultura
					Connections	1					
Towns Served: D						·					·
860-526-5391	1										
Contact Role(s):	Owner								l-		
Name	0			Job Titl	9						
Ms. Kathy White Aca					cademy At Mount Saint John Chief Administrato			nistrator			
Mailing Address	Line One		Mailing /	Address	Iress Line Two				City	State	Zip Code
135 Kirtland Stre	et				Deep River			er	CT	06417	
Business Phone	e Extension	Fax		Mobi	le Phone E	Emergency I	Phone	Email Address			
860-343-1357								whitek@	mtstjohn.or	g	
Contact Role(s):	Legal Contact										
Name				Oı	rganization					Job Titl	9
Ms. Pamela L Po	temri			Ac	cademy At Mo	ount Saint J	ohn		Chief Admir	nistrator	
Mailing Address	Line One		Mailing /	Address	s Line Two			City		State	Zip Code
135 Kirtland St							Deep River CT		СТ	06417	
Business Phone	e Extension	Fax		Mobi	Mobile Phone Emergency Phone Email Address						
860-343-1357		860-239-	0753			860-343-1	.300	potemrip@mtstjohn.og			
Contact Role(s):	Administrative	Contact			<u>.</u>						

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

CT0262022	INCAPNATION CENTED INC	NTNC	12	D	GW						
PWS ID PWS Name Classification Population Owner Type Primary Sour											
	Water Quality Monitoring and Compliance Schedule										
	Connecticut Department of Public Health Drinking Water Section										

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СТ0363023	INCARNATION CENTER, INC			NTNC	42	Р	GW
Local Address (v	vhere applicable)	Service	Residentia	al Commerc	ial Industr	ial Combi	ned Agricultural
253 BUSHY HILL	ROAD	Connections	18				

Towns Served: DEEP RIVER		1	'
Monitorin	g Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00	0600)		
Asbestos (1094)		1 routine	e (RT) per nine years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	1/1/15 - 12/31/23		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Lead And Copper (PBCU)		5 r	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	1/1/18 - 12/31/18	6/1-9/30	Complete
	1/1/19 - 12/31/19	6/1-9/30	
	1/1/20 - 12/31/20	6/1-9/30	
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/20		
	1/1/21 - 12/31/23		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		·
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Organic Chemicals (VOCS)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		·
	1/1/20 - 12/31/20		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID PWS Name C			Cla	ssification	Population	Owner Type	Primary Source	
CT0363023	INCARNATION CENTER, INC				NTNC	42	Р	GW
Local Address (where applicable)		Service	Residen	itial	Commercia	al Industri	al Combine	ed Agricultural
253 BUSHY HILL ROAD		Connections	18					

Towns Served: DEEP RIVER

Mo	onthly Water System Facility (	(WSF) Lev	el Monitori	ng Requireme	nts
Water System Facility:	ENTRY POINT (WSFID: 00700)				
Analyte	Monitoring Requirement (Summary T	уре)	<b>Operating Limi</b>	t	Samples Req/Month
рН	Entry Point pH Monitoring (PHRD)		Minimum: 7.0	PH	4
Start Date: 6/1/2008	8	Compliance	History:	<b>Operating Limit</b>	Monitoring
		Monitoring	Period	Compliance Status	: Compliance Status:
		11/1/2018 -	11/30/2018		N
		12/1/2018 -	12/31/2018		N
		1/1/2019 - 1	/31/2019		N
		2/1/2019 - 2	/28/2019		N

### **Other Compliance Schedules**

3/1/2019 - 3/31/2019 4/1/2019 - 4/30/2019

 Compliance Schedule Activity
 Due Date
 Achieved Date

 CROSS CONNECTION SURVEY REPORT
 3/1/2020

Water System Facility ID	Water System Facility	•	ty and Sampling P  Sampling Point Description	Status	Total Coliform Rule	Lead and Copper	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	GENERIC DISTRIBUTION	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		IC01	MAIN OFFICE KIT	Α	Υ	3	Υ	
		IC02	ACTVTY CTR BOYS LEFT	Α	Υ	3	Υ	
		IC03	LODGE DINING ROOM	Α	Υ	3		
		IC04	NATURES PLG KIT	Α	Υ	3		
		IC05	NATURES PLG SOBR RT	Α	Υ	3		
		IC06	GIBNEY DNG HALL KIT	Α	Υ	3	Υ	
		IC07	LAKESIDE BLDG N BR	Α	Υ			
		IC08	BROOKS BLDG SVC SINK	Α	Υ			
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
22782	WELL 2	2	WELL 2	Α				
22783	WELL 4	2	WELL 4	Α				
54868	TREATMENT PLANT							
54870	ATMOSPHERIC TANKS							
54872	BLADDER TANKS							
54874	PUMP STATION							
58479	WELL 1	2	WELL 1	Α				
		Certified	Operator Informa	tion				

	Water Quality Monitoring and Compliance Schedule									
PWS ID PWS Name					ssification	Population	Owner Type	Primary Source		
CT0363023 INCARNATION CENTER, INC					NTNC	42	Р	GW		
Local Address (v	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural			
253 BUSHY HILL ROAD		Connections	18							

Connecticut Department of Public Health Drinking Water Section

			Cer	tified Oper	ato	or Information	)			
Water System Faci	lity: TREAT	MENT PLA	NT (W	SF ID: 54868)						
Facility Classification	1: CLASS 2 TR	REATMENT P	LANT							Certificatio
Operator Name			Operator Type Certification(s)							
O'SHAUGHNESSY, WILLIAM J. CHIEF OPERA				PERATOR		WATER TREATMEN	IT PLANT	OPERATOR -	CLASS II	6/30/202
SIMA, III, JOHN F.			ASSIGN	ED OPERATOR		DISTRIBUTION SYS	ТЕМ ОРЕ	RATOR - CLA	SS I	6/30/2020
						WATER TREATMEN	IT PLANT	OPERATOR -	CLASS II	9/30/2020
				Contact	nfo	ormation				
Name				Organiza	tion				Job Title	
Dr. Nancy Pilon				Incarnati	on C	Center		Executive D	irector	
Mailing Address Line One			Mailing	Address Line T	wo			City	State	Zip Code
PO Box 577							Ivoryto	า	СТ	06442
Business Phone	Extension	Fax		Mobile Phone Emergency Phone Email Address						
860-767-0848		860-767-8	3432			860-304-9156	npilon@incarnationcenter.org			
Contact Role(s): Adı	ministrative	Contact, Leg	al Conta	act			'			
Name				Organiza	tion				Job Title	
Incarnation Center I	nc									
Mailing Address Line	One		Mailing	Address Line T	wo		City State			Zip Code
P. O. Box 577			253 Bus	shy Hill Rd			Ivoryto	ton CT 064		
Business Phone	Extension	Fax		Mobile Phor	ie	Emergency Phone	Email A	ddress		
Contact Role(s): Ow	ner/									
Name				Organiza	tion				Job Title	
Reverend John Douglas Ousley				Incarnati	on C	Center Inc		Director		
			Address Line T	wo		City State Zip			Zip Code	
209 Madison Ave							New Yo	rk	NY	10016
Business Phone	Extension	Fax		Mobile Phor	ie	Emergency Phone	Email A	ddress	,	
Contact Role(s): Leg	gal Contact									

#### Please note the following:

Towns Served: DEEP RIVER

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule